

PITTSBORO PARKS BALL DIAMOND RENTAL AGREEMENT

Today's Date:		
Rental Dates & Times:		
Type of Activity	Estimated	
· / · · · · · · · · · · · · · · · · · ·		
- / /	Attendance	

	Renters Information
Name	
Address	
City/State/Zip	
1 st Contact	
Name	
1 st Contact E-	
Mail	
1 st Contact Cell #	
2 nd Contact	
Name	
2 nd Contact Cell	
#	
2 nd Contact E-	
Mail	
Is Renter	
Insured?	
Insurance	
Company Name	
Policy #	



** Diamond Number Requested **		
April 1 st thru June 30 th – Diamond 1		
July 1 st thru October 31 st		
Diamond 1		
Diamond 4 Diamond 5		

1) Session Reservations

- a. Session 1 5 to 6:30 p.m.
- b. Session 2 6:45 to 8:45 p.m.
- c. Saturdays and Sundays request desired times

Session Fee - \$45 per session Monday-Friday, Saturday/Sundays\$45 for two-hour sessions

2) Reservation Policy

- a. All reserved sessions will be charged if cancelled 30 days or less
- b. Sessions reserved great than 30 days out will receive a refund of 50% of reservation fee if cancelled.
- c. Weather credits for wet fields will only be given upon request by rental team via e-mail to PittsboroPNR@gmail.com.
- d. You will be billed for reserved sessions at the end of the month via e-mail address provided. Please makes checks payable to Town of Pittsboro and indicate diamond rental in the notes.
- e. You may not use the diamonds until both this rental agreement and a current proof of insurance with the team are on file with the Parks Department.
- 3) Renter Expectations
 - a. Please rake positional areas after practice, replace any tarps, and pick up trash in the dugouts or on the diamonds.
 - b. Do not put any zip ties, duct tapes, etc., on the fencing
 - c. Please be prompt in exiting at the agreed upon time so the next team has ample time to set up.
 - d. Alert parks staff of any safety issues or field condition concerns as quickly as possible.
 - e. Please make reservations and pay for team practices rather than just using them on the side. Without the revenues, we cannot continue to maintain the diamonds at the level you expect to see.

Please return this competed agreement and a copy of the proof of insurance to: PittsboroPNR@gmail.com

I agree to the terms and conditions of this agreement:

Signature:

Printed Name: Date: